



**CONTRACT AWARD SHEET**  
**Internal Services Department**  
**Procurement Management Services**

**Procurement Management** DIVISION

*Bid No. **RTQ-00114***  
*Award Sheet*

BID NO.: **RTQ-00114**

PREVIOUS BID NO.: **NONE**

TITLE: **SUPPORT FOR URGENT NEEDS PROGRAM -PREQU**

CURRENT CONTRACT PERIOD: **10/08/2014** through **10/31/2022**

Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. **RTQ-00114***

*Award Sheet*

**DPM Notes**

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **No**

IG: **No**

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

**No** Local Preference

**No** Micro Enterprise

Full Federal Funding

**No** Performance Bond

Small Business Enterprise (SBE)

PTP Funds

Partial Federal Funding

**No** Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **CARBALLEIRA, MARIA**

PHONE: **305 375-4260**

FAX:

EMAIL: **MC5@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT

Procurement Management DIVISION

Page 1 of 10

VENDOR NAME: **COASTAL BOXER RESCUE OF FLORIDA INC**  
 DBA:  
 FEIN: **421711049** SUFFIX : **01** 32904  
 STREET: **4043 SNOWY EGRET DRIVE** CITY: **MELBOURNE** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **866-2818209**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
CHRISTINA DAILEY	866-2818209	866-2818209	-	INFO@COASTALBOXERS.ORG

VENDOR NAME: **PAWS 2 CARE COALITION INC**  
 DBA:  
 FEIN: **273053546** SUFFIX : **01** 33024  
 STREET: **6219 JOHNDON STREET** CITY: **HOLLYWOOD** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
ANA M BUENO	305-525-3297	-	954-894-8508	ANA@PAWS2CARECOALITION.ORG

VENDOR NAME: **ANIMAL AID INC**  
 DBA:  
 FEIN: **651057649** SUFFIX : **01** 33334  
 STREET: **571 NE 44TH ST** CITY: **OAKLAND PARK** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
TAMERA A DE MELLO	754-2342436	-	754-2235380	ANIMALAIDINC@AOL.COM

VENDOR NAME: **SAVING GRACE AND HER FURRY FRIENDS INC**  
 DBA:  
 FEIN: **461092698** SUFFIX : **01** 33328  
 STREET: **3931 SW 82nd TERRACE** CITY: **DAVIE** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
STEFANIE B MILLER	954-5628813	-	954-3820100	SAVINGGRACEFL@GMAIL.COM

VENDOR NAME: **SHEPHERD HELP AND RESCUE EFFORT INC**  
 DBA:  
 FEIN: **452923522** SUFFIX : **01** **33067**  
 STREET: **5207 NW 116th Ave** CITY: **CORAL SPRINGS** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
ELISSA M POWERS	954-4455558	-	904-7016292	SHEPHERDHELPANDRESCUE@GMAIL

VENDOR NAME: **GOLDEN RESCUE SOUTH FLORIDA INC**  
 DBA:  
 FEIN: **680626628** SUFFIX : **01** **33317**  
 STREET: **1540 SW 55TH AVE** CITY: **PLANTATION** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
LEE ANN RUNKLE	954-7928789	-	-	FLARUNKLE@BELLSOUTH.NET

VENDOR NAME: **UNITED YORKIE RESCUE INC**  
 DBA:  
 FEIN: **223873612** SUFFIX : **01** CITY: **LORAIN** ST: **OH** ZIP: **44053**  
 STREET: **3924 MIAMI AVENUE**  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Emily Diaz	305-3011498	-	-	adoptayorkieup@gmail.com

VENDOR NAME: **THIS IS THE DOG!**  
 DBA:  
 FEIN: **262642895** SUFFIX : **01** CITY: **Homestead** ST: **FL** ZIP: **33020**  
 STREET: **44 NE 16 Street**  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Charelle Burgess	305-6084026	-	305-2479127	charelle@thisisthedog.com

VENDOR NAME: **FUR ANGELS ANIMAL RESCUE**  
 DBA:  
 FEIN: **272763468** SUFFIX : **01** CITY: **Pinecrest** ST: **FL** ZIP: **33156**  
 STREET: **12650 SW 78th Ave**  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Lisette Alvarez	786-3688005	-	-	furangelsrescue@gmail.com

VENDOR NAME: **SOUTH FLORIDA ANIMAL RESCUE NETWORK, INC**  
 DBA:  
 FEIN: **471803178** SUFFIX : **01** CITY: **miami** ST: **FL** ZIP: **33183**  
 STREET: **12120 sw 80 street**  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Barbara Ruiz-Gonzalez	305-2168802	-	-	sfarninc@gmail.com

VENDOR NAME: **BIG DOG RANCH RESCUE, INC.**  
 DBA:  
 FEIN: **263184971** SUFFIX : **01** 33414  
 STREET: **10948 Acme Rd.** CITY: **Wellington** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Lauren Simmons	561-7479099	-	561-7479059	jackie.ssig@gmail.com

VENDOR NAME: **LADY LUCK ANIMAL RESCUE INC**  
 DBA:  
 FEIN: **272635336** SUFFIX : **01** 33467  
 STREET: **8026 MARSHWOOD LANE** CITY: **LAKE WORTH** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
INGA E DECEGLIA	561-302-3624	-	-	LADYLUCKANIMALRESCUE@HOTMA

VENDOR NAME: **TRUE & FAITHFUL PET RESCUE MISSION, INC.**  
 DBA:  
 FEIN: **471681488** SUFFIX : **01** 34285  
 STREET: **1505 Tamiami Trail S, Suite 405** CITY: **Venice** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

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*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Lisa Letson	941-2346531	-	-	truefaithfulrescuemission@yahoo.com

VENDOR NAME: **JUST JACKS RESCUE, INC**  
 DBA:  
 FEIN: **472399406** SUFFIX : **01** 33176-1  
 STREET: **8835 SW 107th Avenue # 294** CITY: **Miami** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET7** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Ellis P Van Der Burgh	305-2708436	-	-	JustJacksRescue@gmail.com



VENDOR NAME: **A WAY FOR A STRAY, INC**  
 DBA: **a wav for a strav**  
 FEIN: **462417727** SUFFIX : **01** 33181  
 STREET: **12555 Biscayne Blvd #812** CITY: **north miami** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

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Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Jeanne Dykstra	786-5479988	-	-	jeannie@awfas.org

**ITEMS AWARDED Section:**

Details: **RTQ-00114**

**The Pool shall remain open for the term of the RTQ, enabling Bidders to qualify at any time, after the initial RTQ opening date.**

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
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**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award: DPM Award: **No**  
 BCC Date: DPM Date: **10/02/2014**

Contract Amount: \$ **190,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

**BPO INFORMATION Section:**

1	<b>ABCW1500012</b>	
	<b>Commodity ID</b>	<b>Commodity Name</b>
	962-06	ANIMAL CARE, ANIMAL SHELTER SERVICE,
	<b>Department</b>	<b>Department Allocation</b>
	AD	\$180,000.00
2	<b>ABCW1500014</b>	
	<b>Commodity ID</b>	<b>Commodity Name</b>
	962-06	ANIMAL CARE, ANIMAL SHELTER SERVICE,
	<b>Department</b>	<b>Department Allocation</b>
	AD	\$10,000.00

**End of BPO Information Section**